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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG 3340

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Kindred Petroleum Company	8. Farm or Lease Name American Eagle
3. Address of Operator P. O. Box 411, Midland, TX 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>26-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool or Wildcat Comanche Stateline Tansill Yates SRQ
15. Elevation (Show whether DF, RT, GR, etc.) 2902 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Commencement Date: September 19, 1988
Workover Operations:
Set CIBP @ 3440'
Perf w/16 holes from 3166'-3232'
Acidized perfs w/3000 gals. 15% HCL Acid
Put Well Back on Production

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Frank Aharado TITLE President DATE October 3, 1988

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 18 1988